

MENTAL HEALTH LOCAL ADVISORY COUNCIL

December 14, 2009 – MINUTES

In attendance: Council Members: Jacob Wagner, Tom Peluso, Jerry Johnson, Eric Bryson, Shelly Johnson, Lori Marchak, Jan Bjork, Vickie Groeneweg, Charlotte Kress, John Watson, Betsy Garrigues and Commissioner Murdock; Advocacy Members: Dennis Cox (AMDD), Dorothy Eck, Scott Malloy (Gallatin Mental Health) and Dione Conti (Help Center). Guests: Gerry Higgins, David Bly and Officer Marty Kent; and Staff: Glenda Howze.

1. **Welcome and Introductions.** Chairman Wagner explained that there will be no additional agenda items today due to the lengthy presentation that has been planned for this meeting.
2. **Public Comment.** There was no public comment.
3. **Approval of Minutes (November).** Chairman Wagner asked to clarify that what he meant about Calm4US is that consumer driven groups like that don't like working through the Mental Health Centers. They have their own peer groups and don't want their activities run by the MHC's. Mr. Cox stated that he had suggested that the LAC bring the homeless spokespersons back to a meeting(s) in order to learn more and try to identify cultural differences, etc. (During the November meeting Dr Johnson remarked on the need for the LAC to be more responsive to the issue of Homelessness following the presentation of the two homeless gentlemen who attended our meeting in October. There was general interest expressed in terms of learning more about resources available in the Bozeman community. Mr. Peluso suggested he contact Marlene Disburg, and perhaps Deb Matteucci to see if they could attend our January meeting. Mr. Cox offered to make these contacts as this is within his position.) Mr. Watson made a motion to approve the minutes as clarified. Ms. Marchak seconded the motion. All voted aye. Motion carried unanimously.
4. **Co-Occurring Initiative Presentation.** Ms. Johnson kicked off the presentation by passing around a rubber chicken to demonstrate that the dilemma with providers whether to treat the mental illness or the substance abuse first (chicken versus the egg). She then provided a history the initiative and the work that Montana has been doing on the co-occurring problem. Ms. Johnson distributed a handout of the power point presentation titled "Co-Occurring Disorders: The Expectation, Not the Exception." (This document will serve as an attachment to the minutes.) She noted that the prevalence of co-occurring disorders is even higher in public service systems. Mr. Malloy stated that in Gallatin County the estimate is that 40-60% of clients have both. The MHC does a screening on everyone that is seen at the Center. Co-occurring is diagnosable when someone has a mental illness disorder and a substance abuse disorder - though the substance abuse does not have to be "active." Mr. Bly stated that he does drink but he doesn't have an abuse problem. He asked if he would be required to go through treatment in this circumstance. Mr. Malloy stated that he would not and Ms. Johnson stated that there is very strict criteria that would have to be met. ADSSC statistics show that 70-75% of their clients have co-occurring diagnosis. Mr. Peluso asked if those that present at the Hope House are higher than 40%. Mr. Malloy stated that they are, though the numbers aren't tracked. His estimate is 60-80% without hard numbers to confirm that. Gallatin County is also now considered medically underserved. Mr. Malloy also noted that most people that come in, when they are offered separate treatment (for substance abuse) they usually refuse but if they are offered it in conjunction with other services it is generally better received. The mental health center can't bill for having a licensed substance abuse clinician, however, so this causes a problem at times. There was continued discussion about the billing for co-occurring disorders. Mr. Cox stated that AMDD understands that co-occurring is the expectation and that we need to do away with the old way of "doing

this here" and "doing that there" and instead welcome the whole person in one place. Mr. Higgins inquired if the Montana State Hospital (MSH) is treating dual-diagnosis patients. Mr. Malloy stated that they are and are considered a front runner in this area. Someone can't be admitted to MSH for substance abuse alone.

Further discussion took place regarding the presentation and in particular the evaluation criteria and ways to work with the rules of both systems for the best outcome for clients. ADSGC does have dually licensed providers but they do have to refer out sometimes. Mr. Malloy stated that there is a small percentage of the MHC population that sees both the MHC and ADSGC, but most are treated in one location. He also noted page 15 and the goals for down the road. He noted that there is a PACT team everywhere else in the State. We have to get the funding and the numbers (participants) here to get it set up. Mr. Peluso stated that it is not just a goal or wish but reality to building a new building on the campus to accommodate this program once it is ready for implementation. Mr. Bly stated that it would be convenient to have ADSGC and the MHC in the same place - you wouldn't lose as many people that way. Mr. Malloy explained that there are ADSGC folks at the MHC for appointments during the week to try and accommodate this issue. He also pointed out that one of the most important things is providing an accessible, welcoming atmosphere that makes people want to return. Ms. Johnson explained that their philosophy is the same - they don't send away any individuals that they can't necessarily help there but welcome them in and assist them in getting where they want/need to be. Mr. Bly stated that Scott and John always make him feel welcome but that it only takes one bad experience to ruin it for someone - showing you care is the most important thing.

Ms. Johnson explained how treatment is modified for those with co-occurring illnesses. Treatment is for one year, is highly structured and individualized for everyone.

Chairman Wagner inquired about medical marijuana and how that is handled. Ms. Johnson explained that this is a hard one. They do try to find clients with medical marijuana licenses alternatives to this "medication." No one is allowed to live in the recovery house that is using medical marijuana. Mr. Malloy explained that it is not federally regulated so you never know what is in the substance. Mr. Cox stated that substance abuse is abuse, prescribed or not.

Mr. Watson stated that he sees a rate of 80% or higher of individuals (at the Drop In Center) that have co-occurring illnesses. IMR, Illness Management Recovery, is a course of action for all co-occurring. He stated that they do have a lot of people visit that are from the 3rd floor outpatient center. He also stated that he can talk to them about alcoholism because he is a recovering alcoholic. He also noted that their bylaws require that intoxicated individuals be allowed in to the Center as long as they aren't violent or disruptive.

Ms. Johnson distributed copies of a "Quick Guide for Americans" for those interested in a copy.

Mr. Watson asked Ms. Johnson how someone might get treatment help if they don't have funds to pay for it. She explained that they do an evaluation, get information from a close relative or friend who knows the individual and can verify information or provide additional information. They also have the person meet with a counselor to determine the level of care needed. ADSGC is an ability to pay organization. Mr. Bly stated that he's homeless, has no family, and no probation officer or other individual to provide the additional information, how would his story be verified. Ms. Johnson stated that there are other circumstances that can be taken into consideration.

Mr. Malloy stated that January 1 parity rules will go into effect. Mr. Watson stated that what our community could use is an inpatient rehabilitation facility. The City and County need to bring someone in to accomplish this. Ms. Johnson stated that there is a private individual working on this in the community.

Other: Mr. Cox made two announcements that Sally Miller called and the tour scheduled for today is cancelled. Also he contacted Marlene Disberg and they discussed the matter of homelessness in depth. She did not see a role for Deb Matteucci but put him in contact with Bob Buzzas from the PATH Program. Mr. Buzzas agreed to attend the January meeting to discuss homelessness and the important resource of the PATH Program. Mr. Peluso suggested that the Salvation Army be invited to attend the LAC meetings. Ms. Eck noted that who they help is very restricted based on faith. Mr. Watson reported that Mr. Bly is no longer homeless; he is now a success case and is on the CSAA board.

Meeting adjourned at 1:09PM